

FILED JUL 22 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 23763

04805

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 5572		Registrar's No. 134	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural Prairie</b>		c. LENGTH OF STAY (in this place) (township) <b>lyr. 5mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		3368	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jackson County Home</b>				d. STREET ADDRESS (If rural, give location) <b>2319 Indiana</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ralph L.</b> b. (Middle) <b>Cox</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>July 5 50</b>				
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>3-5-1889</b>	9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Ulysees L. Cox</b>			13b. MOTHER'S MAIDEN NAME <b>Frances Baker</b>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Frances Cox, 2819 Indiana, K. C. Mo.</b>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>High arterial sclerosis</b> DUE TO (c) <b>Diabetes Mellitus</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hrs</b> <b>chronic</b> <b>chronic</b> <b>260A</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>July 4, 1950</b> , to <b>July 5, 1950</b> , that I last saw the deceased alive on <b>July 4, 1950</b> , and that death occurred at <b>1:15 am.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>J. G. Hickerson</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>Independence Mo</b>		23c. DATE SIGNED <b>July 5, 50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>7-6-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>		
DATE REC'D BY LOCAL REG. <b>JULY 5, 1950</b>		REGISTRAR'S SIGNATURE <b>Donald C. Eamshaw</b> 378		25. FUNERAL DIRECTOR'S SIGNATURE <b>Mrs. C. L. Foster</b>		ADDRESS <b>918 Brooklyn</b>	

(Licensed Embalmer's Statement on Reverse Side)

JUL 17 1908

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Dean Owens.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 4280.....

P. O. Address K. C., Mo......

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.